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British Thoracic Society

Quality Standard for Chronic Cough in Adults

Draft for consultation: 15 May 2026

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On behalf of the British Thoracic Society

Available for public consultation from

15 May 2026 to 19 June 2026

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32 British Thoracic Society Quality Standard for Chronic Cough in Adults

33 The British Thoracic Society (BTS) has been at the forefront of the development of clinical guidance in
 34 respiratory medicine, since the Society was established over 40 years ago. To support in the
 35 implementation of the best practice set out in BTS clinical guidance, BTS has also produced quality
 36 standards. These Quality Standards set out levels of high-quality care that patients should expect, together
 37 with measurable markers of good practice, with the aim of improving the quality of care

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 39 NICE Quality Standards were used as a model for the development of BTS Quality Standards. According to
 40 NICE, a quality standard is a set of specific, concise statements that:

- 41 • act as markers of high-quality, cost-effective patient care across a pathway or clinical area, covering
- 42 treatment or prevention.
- 43 • are derived from the best available evidence.

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 46 This Quality Standard sets out a number of actions, which when implemented, will lead to improve the
 47 standards of care for people with chronic cough. The rationale for these quality standards is drawn from
 48 the BTS Clinical Statement on Chronic Cough in Adults published in 2023¹.

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 51 BTS Quality Standards are intended for:

- 52 • **Health care professionals** to allow decisions to be made about care based on the latest evidence
- 53 and best practice.
- 54 • **Patients with chronic cough and their carers** to enable understanding of what services they should
- 55 expect from their health and social care provider.
- 56 • **Service providers** to be able to quickly and easily examine the clinical performance of their
- 57 organisation and assess the standards of care they provide.
- 58 • **Commissioners** so that they can be confident that the services they are purchasing are high quality
- 59 and cost effective.

62 Method of Working

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 64 The British Thoracic Society convened a Working Group to deliver this Quality Standard in May 2024, with
 65 the following membership:

Name	Role and location
Professor Jaclyn Smith (<i>co-chair</i>)	Consultant Respiratory Physician, Manchester
Dr Sean Parker (<i>co-chair</i>)	Consultant Respiratory Physician, North Tyneside
Mrs Kayleigh Brindle	Specialist Respiratory Nurse, Hull
Dr Peter Cho	Consultant Respiratory Physician, London
Dr Helen Fowles	Respiratory Consultant with a special interest in Sleep and Chronic Cough, Wales

Dr Kevin Gruffyd-Jones	General Practitioner, Wiltshire
Mr Stephen Jannetts	Consultant Speech & Language Therapist, Ayrshire
Dr Jenny King	Speciality Trainee in Respiratory and General Internal Medicine, Manchester
Ms Claire Slinger	Consultant Speech & Language Therapist, Preston
Professor Mike Thomas	Professor Of Primary Care Research, Southampton

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70 Members of the group submitted declaration of interest forms aligning with BTS policy. Forms are available
71 on request from the BTS Head Office.

72 The draft document was first submitted to the BTS Standards of Care Committee (SOCC) in March 2026
73 .Subsequently the document was posted on the BTS website for public consultation between 15 May 2026
74 and 19 June 2026. Following feedback and further revision the document was given final approval for
75 publication by the BTS SOCC in xx.

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Summary of Quality Statements

1) People with chronic cough (CC) should undergo clinical assessment including a minimum set of investigations (CXR, spirometry, FENO and blood eosinophils (BEC)) to identify serious disease and treatable traits.
2) People with CC and red flags symptoms should be referred urgently to secondary care.
3) People with chronic cough should only be offered trials of treatment for objectively identified treatable traits (TT's).
4) Secondary care practitioners should be able to diagnose refractory chronic cough (RCC).
5) People with refractory chronic cough should have access to pharmacological and non-pharmacological treatments
6) People with cough syncope should be advised not to drive and assessed urgently.

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Consultation version

British Thoracic Society Quality Standard for Chronic Cough in Adults

Quality statement 1	People with chronic cough (CC) should undergo clinical assessment including a minimum set of investigations (CXR, spirometry, FENO and blood eosinophils (BEC)) to identify serious disease and treatable traits.
Quality measure	<p>Structure: evidence of local arrangements to record the number of patients presenting with chronic cough who have the minimum required set of investigations and a face-to-face clinical assessment</p> <p>Process: proportion of people presenting with chronic cough who are assessed and undergo the minimum set of investigations for CC</p> <p>Numerator: number of people presenting with CC who have been assessed and had the minimum set of investigations</p> <p>Denominator: total number of people presenting with CC</p>
Description of what the quality statement means for each audience	<p>Service Providers: ensure systems are in place to carry out appropriate assessment and the minimum required investigations in patients who present with CC (CXR, spirometry, FENO, BEC).</p> <p>Healthcare professionals: ensure that people with chronic cough undergo a face-to-face clinical assessment and the minimum set of investigations are completed</p> <p>Commissioners: ensure that appropriate services are available to investigate patients with chronic cough</p> <p>People with chronic cough: will be appropriately assessed, investigated and informed.</p>
Relevant existing indicators	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children</p>
Other possible national data sources	None
Source references	BTS Clinical Statement on chronic cough in adults. Thorax. 2023;78(suppl 6):3–19

	ERS guidelines on the diagnosis and treatment of chronic cough in adults and children. Eur Respir J. 2020 Jan 2;55(1):1901136. ²
Rationale	<p>CC may be due to a wide range of causes including serious disease that should be referred urgently for assessment under the 2-week rule.</p> <p>Identification of common causes of cough, including serious disease and treatable traits requires a thorough and systematic assessment including a face-to-face consultation (history and examination) and a minimum set of investigations.</p> <p>Most cases of CC can be dealt with through this straightforward and simple assessment. More detailed investigation may not be required.</p>

Quality statement 2	People with CC and red flags symptoms should be referred urgently to secondary care.
Quality measure	<p>Structure: evidence of local arrangements to record the number of patients presenting flag symptoms associated with chronic cough and who are referred urgently to secondary care</p> <p>Process: proportion of people presenting with chronic cough and red flag symptoms (https://cks.nice.org.uk/topics/lung-pleural-cancers-recognition-referral/) who are referred urgently to secondary care</p> <p>Numerator: number of people with CC and red flag symptoms suggesting serious underlying disease who are referred to secondary care</p> <p>Denominator: total number of people presenting with CC and red flag symptoms suggesting serious underlying disease</p>
Description of what the quality statement means for each audience	<p>Service Providers: ensure systems are in place to ensure that patients with CC and red flag symptoms can be referred and assessed urgently in secondary care.</p> <p>Healthcare professionals: ensure that people with CC and red flag symptoms are referred urgently to secondary care.</p>

	<p>Commissioners: ensure systems are in place so that patients with CC and red flag symptoms are referred urgently to secondary care.</p> <p>People with chronic cough: People with CC and red flag symptoms will undergo urgent assessment in secondary care to identify serious underlying conditions.</p>
Relevant existing indicators	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS <i>guidelines</i> on the diagnosis and treatment of chronic cough in adults and children</p> <p>NICE health topics. Lung and pleural cancers-recognition and referral. https://cks.nice.org.uk/topics/lung-pleural-cancers-recognition-referral/³</p>
Other possible national data sources	None
Source references	
Rationale	<p>CC may be due to a wide range of causes including life threatening disease that should be referred urgently for assessment under the 2-week rule.</p> <p>Identifying life threatening disease in primary care can be challenging. Clinicians should have a low index of suspicion and refer if there is any concern.</p>

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Quality statement 3	People with chronic cough should only be offered trials of treatment for objectively identified treatable traits (TT's).
Quality measure	<p>Quality Measure</p> <p>Structure: Evidence of local arrangements to record the number of patients presenting with chronic cough who are assessed and only treated for objectively identified TT's.</p> <p>Process: Proportion of people presenting with chronic cough who are assessed for and given a time limited</p>

	<p>(usually 1 month) trial of therapy only for objectively identified TT's.</p> <p>Numerator: Number of people with CC who are assessed for and given time limited trials of treatment for objectively identified treatable traits only.</p> <p>Denominator: Total number of people presenting with CC.</p>
Description of what the quality statement means for each audience	<p>Service Providers: Ensure systems are in place to document treatable traits and ensure that patients with CC are only given time limited trials of treatment for objectively identified TT. Empiric therapy of common causes of cough should not be given.</p> <p>Healthcare professionals: Ensure that people with CC are only given time limited trials of treatment for objectively identified treatable traits.</p> <p>Commissioners: Ensure that people with CC are only treated for objectively identified disease and do not undergo repetitive empiric therapy. Smoking cessation advice should be offered. ACEI medication should be discontinued (replace with A2RB). Weight loss should be encouraged.</p> <p>People with chronic cough: People with CC should not have repetitive trials of 'blind' therapy for cough. Only clearly identified conditions should be treated. If you smoke then stopping should usually help. ACE inhibitor drugs should almost always be stopped and can be safely replaced with an Angiotensin 2 receptor blocker. Weight loss should be encouraged and may help.</p>
Relevant existing indicators	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS <i>guidelines</i> on the diagnosis and treatment of chronic cough in adults and children</p>
Other possible national data sources	None
Source references	<p>BTS Clinical Statement on chronic cough in adults. <i>Thorax</i>. 2023;78(suppl 6):3–19</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children. <i>Eur Respir J</i>. 2020 Jan 2;55(1):1901136.</p>

	NICE health topics. Lung and pleural cancers-recognition and referral. https://cks.nice.org.uk/topics/lung-pleural-cancers-recognition-referral/
Rationale	<p>Sequential empirical or blind therapy of what are thought to be common causes of chronic cough (asthma, reflux, rhinitis) is often ineffective and not supported by good quality evidence.</p> <p>The BTS statement approach recommends a clinical assessment to identify relevant traits (defined by trait identification markers outlined in BTS statement) and give targeted therapy where traits are identified.</p> <p>This is an example of personalised medicine.</p> <p>Treatment may differ between people with CC who present with diverse phenotypes.</p> <p>Treatment trials should be time limited (usually 1 month) and discontinued if ineffective.</p> <p>ACEI treatment sensitises the cough reflex and can almost always be safely switched to an A2RB that has no effect on cough.</p> <p>People with CC who smoke should be offered smoking cessation advice.</p> <p>Many patients with cough are obese and whilst evidence is limited, weight loss is likely to be beneficial.</p>

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Quality statement 4	Secondary care practitioners should be able to diagnose refractory chronic cough (RCC).
Quality measure	Structure: evidence of local arrangements to record identified treatable traits and responses to treatment in people with chronic cough; access to relevant tests for clinicians treating patients with chronic cough

	<p>Process: proportion of people presenting with chronic cough diagnosed with RCC</p> <p>Numerator: number of people diagnosed with RCC recorded in the patient record</p> <p>Denominator: total number of people referred for investigation and management of chronic cough</p>
Description of what the quality statement means for each audience	<p>Service Providers: ensure systems are in place to carry out appropriate investigation and treatment trials to make a diagnosis of RCC.</p> <p>Healthcare professionals: ensure that people with chronic cough are investigated and treated for treatable traits and diagnosed with RCC when either cough is resistant to treatment or no treatable traits can be identified.</p> <p>Commissioners: ensure that appropriate services are available to investigate and treat treatable traits in people with chronic cough</p> <p>People with chronic cough: will be appropriately diagnosed with RCC and repeated investigations and treatment trials reduced.</p>
Relevant existing indicators	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children</p>
Other possible national data sources	None
Source references	<p>BTS Clinical Statement on chronic cough in adults. Thorax. 2023;78(suppl 6):3–19</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children. Eur Respir J. 2020 Jan 2;55(1):1901136.</p>

Rationale	<p>BTS guidance recommends where cough persists despite treatment of comorbidities or where no comorbidities are identified the term RCC should be used.</p> <p>The recognition of RCC reduces the risk of repetitive investigations and trials of treatment with the associated burden on patients and healthcare services.</p> <p>The diagnosis of RCC currently relies upon identification of any treatable traits and trials of treatment to address traits identified (if present).</p> <p>The recognition of RCC also facilitates the use of pharmacological and non-pharmacological treatments targeting cough hypersensitivity, where symptoms suggesting hypersensitivity are present.</p> <p>The recognition of RCC may also help reassure people with CC and better manage anxiety and uncertainty surrounding their condition.</p>
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Quality statement 5	People with refractory chronic cough should have access to pharmacological and non-pharmacological treatments
Quality measure	<p>Structure: evidence of local arrangements to provide access to pharmacological and non-pharmacological treatments to patients with refractory chronic cough</p> <p>Process: proportion of people presenting with refractory chronic cough treated with pharmacological and non-pharmacological interventions</p> <p>Numerator: number of people with refractory chronic cough treated with pharmacological and non-pharmacological interventions</p> <p>Denominator: total number of people diagnosed with refractory chronic cough</p>
Description of what the quality statement means for each audience	<p>Service Providers: ensure systems are in place to provide pharmacological and non-pharmacological treatments for people with refractory chronic cough.</p> <p>Healthcare professionals: ensure that people diagnosed with refractory chronic cough are offered treatment with neuromodulator therapies and/or cough control techniques. This is ideally led by a physician with a special interest in CC.</p>

	<p>Commissioners: ensure that access to appropriate services are available to treat people with refractory chronic cough</p> <p>People with chronic cough: will be appropriately treated if found to have refractory chronic cough</p>
Relevant existing indicators	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children</p>
Other possible national data sources	None
Source references	<p>BTS Clinical Statement on chronic cough in adults. <i>Thorax</i>. 2023;78(suppl 6):3–19</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children. <i>Eur Respir J</i>. 2020 Jan 2;55(1):1901136</p>
Rationale	<p>BTS guidance recommends people with refractory chronic cough chronic should be treated with neuromodulator therapy and/or non-pharmacological interventions.</p> <p>Licensed neuromodulators developed for the treatment of RCC are not currently available through the NHS. However unlicensed therapies such as low dose morphine, gabapentin and pregabalin have demonstrated some benefit.</p> <p>Non-pharmacological techniques are complex interventions typically delivered by speech and language therapists and physiotherapists. They have been found to have efficacy in patients with refractory chronic cough.</p>

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Quality statement 6	Patients with cough syncope should be advised not to drive and assessed urgently.
Quality measure	<p>Structure: evidence of local arrangements to record presence of cough syncope in people with chronic cough, record driving advice.</p> <p>Process: proportion of people presenting with cough syncope who are advised not to drive</p> <p>Numerator: number of people presenting with cough syncope with documented evidence of advice not to drive</p> <p>Denominator: total number of people presenting with cough syncope</p>

<p>Description of what the quality statement means for each audience</p>	<p>Service Providers: ensure systems are in place to allow documentation of cough syncope, driving advice and pathways for urgent assessment.</p> <p>Healthcare professionals: ensure that people with cough syncope are advised not to drive, assessed and treated urgently, and informed of their duty to inform the Driver Vehicle Licensing Authority (DVLA).</p> <p>Commissioners: ensure that appropriate services are available to document advice not to drive in people with cough syncope.</p> <p>People with chronic cough: risk of harm to patients and others from cough syncope will be reduced</p>
<p>Relevant existing indicators</p>	<p>BTS Clinical Statement on chronic cough in adults</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children</p>
<p>Other possible national data sources</p>	<p>None</p>
<p>Source references</p>	<p>BTS Clinical Statement on chronic cough in adults. <i>Thorax</i>. 2023;78(suppl 6):3–19</p> <p>ERS guidelines on the diagnosis and treatment of chronic cough in adults and children. <i>Eur Respir J</i>. 2020 Jan 2;55(1):1901136</p>
<p>Rationale</p>	<p>Cough syncope is a relatively uncommon complication of chronic cough but is associated with the potential for serious harm, especially if occurs whilst driving a motor vehicle.</p> <p>BTS guidance recommends that people who suffer cough syncope should be advised not to drive and to contact the Driver Vehicle Licensing Authority (DVLA).</p> <p>This applies even if a person has suffered a single episode of cough syncope and regardless of the cause.</p> <p>To reduce the risk of harm to both people with cough syncope and the public, assessment and treatment should be done urgently.</p> <p>They should be advised by healthcare professionals not to drive and that they have a duty to inform the DVLA about this condition.</p>

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<https://cks.nice.org.uk/topics/lung-pleural-cancers-recognition-referral/>

Funding statement

This work received no specific grant from any funding agency in the public, commercial or not-for-profit sectors

Competing Interests Statement

None declared.

Contributorship statement

All authors contributed equally to the development of the statement.

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